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#### **Attorney Docket Number** WIW-009.01 **DECLARATION FOR UTILITY OR** LIU **First Named Inventor DESIGN PATENT APPLICATION COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** Filing Date ■ Declaration □ Declaration Submitted OR Submitted after Initial Unassigned **Group Art Unit** Filing (surcharge with Initial (37 ČFR 1.16 (e)) Filing **Examiner Name** Unassigned required)

eby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
System and Methods for Accent Classification and Adaptation									
the specification of which (Title of the Invention)  is attached hereto OR									
	as Unite	d States Applicat	tion Number or PCT Internation	onal					
and w	as amended on (MM/DD/Y	YYY) [	(if applica	ible).					
		tified specification	n, including the claims, as	•					
•		d-5d:- 07.0F	D 4 50						
normation which is	material to patentability as	denned in 37 CF	K 1.36.	i					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached	1?					
·	<u> </u>								
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
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		supplemental priority data sheet PTO/SB/02B attached hereto.							
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## **DECLARATION** — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.												
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Name of Sole or First Inventor:												
Given Name (first and middle [if any])					Family Name or Surname							
Wai Ka		110 (mot and magain)			LIU	i						
Inventor's Signature										Date		
Residence:	City	Hong Kong	State		Co	untry	Hong K	ong		Citizenship	Hong Kong	
Post Office A	Post Office Address Weniwen Technologies Limited											
Post Office A	Post Office Address Suite 3637 Enterprise Centre, HKUST											
City		ear Water Bay State ZiP Country Hong Kong						ng				
	invento	rs are being named o	n the 1_su	plementa	l Addi	tional l	nventor(s)	sheet(s	PTO/	SB/02A attac	hed hereto	

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## **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

									-	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Na	Given Name (first and middle [if any]) Family Name or Surname									
Pascale	FUNG									
Inventor's Signature								Date		
Residence: City	Clear Water Bay	State			Country	Hong Kong		Citizens	hip H	ong Kong
Post Office Address	Weniwen Technologies Limited									
Suite 3637 Enterprise Centre, HKUST  Post Office Address										
City	Clear Water Bay	State			ZIP		Countr	Hong	Kon	g
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor										
Given Na	me (first and middle [if any	])				Family Na	me or	Surname		. <u>-</u>
Inventor's Signature			•					Da	te	
Residence: City		State			Country			Citize	nship_	
Post Office Address										
Post Office Address							_			
City		State			ZIP		Cou	ntry		
Name of Addition	nal Joint Inventor, if ar	ıy:			A petition	on has been file	ed for th	nis unsig	ned inv	rentor
Given Na	me (first and middle [if any	])				Family Na	me or	Surname		
Inventor's Signature								Da	ite	
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